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FEC FORM 3	AND DIS	OF REC	MENTS		FEC MA	AIL CENTER	,
1. NAME OF COMMITTEE (In	TYPE OR PRIN	T▼ . Exa	mple: If typing r the lines.	type	12 FE 4M5	والمعالم المعالم المعا	
ADDRESS (number ar	ferent LLONO	_K,A;L,A;K;A;		E #3	1.04	9.6.81.5]-1	
	EATION NUMBER ▼	CITY	(N)		TATE AMEND	1	DISTRICT
(a) Quarterly R April 19 July 15 X Octobe January	PORT (Choose One) seports: Guarterly Report (Q1) Guarterly Report (Q2) or 15 Quarterly Report (Q3) or 31 Year-End Report (YE) sallon Report (TER)	Election on	Election Repor	20)	Special (1	in the State of	noff (12R)
5. Covering Period I certify that I have of Type or Print Name Signature of Treasur	examined this Report and t		through owledge and t		re, correct an	20('2) ad complete.	2
NOTE: Submission of Office Use Only	false, erroneous, or incomp	lete information many	subject the pen	on signing ti	nis Report to	FEC FORM	/13